

SERFF Tracking Number: NWCM-125545830 State: Arkansas
 First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: E-2008BDGD-7CML9U
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners
 Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Businessowners	SERFF Tr Num: NWCM-125545830	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: E-2008BDGD-7CML9U	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Marie Safreed	Disposition Date: 03/20/2008
	Date Submitted: 03/14/2008	Disposition Status: Approved
Effective Date Requested (New): 05/22/2008		Effective Date (New): 05/22/2008
Effective Date Requested (Renewal): 06/09/2008		Effective Date (Renewal): 06/09/2008

State Filing Description:

General Information

Project Name: Businessowner Form Revision	Status of Filing in Domicile: Pending
Project Number: E-2008BDGD-7CML9U	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/20/2008	
State Status Changed: 03/20/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing to adopt revised forms applicable for Businessowner policies. Please see the attached filing memorandum.	

SERFF Tracking Number: NWCM-125545830 State: Arkansas

First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: E-2008BDGD-7CML9U

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners

Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Company and Contact

Filing Contact Information

Marie Safreed, State Filing Specialist safreem@nationwide.com
 One Nationwide Plaza (614) 249-9741 [Phone]
 Columbus, OH 43215 (614) 249-3922[FAX]

Filing Company Information

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177110

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100

Nationwide Property & Casualty Insurance Company CoCode: 37877 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type:

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-0970750

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

<i>SERFF Tracking Number:</i>	<i>NWCM-125545830</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Nationwide Mutual Fire Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>E-2008BDGD-7CML9U</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>Businessowner Form Revision/E-2008BDGD-7CML9U</i>		
Fee Explanation:	50.00 for form filing		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company	\$0.00	03/14/2008	
Nationwide Mutual Insurance Company	\$50.00	03/14/2008	18658064
Nationwide Property & Casualty Insurance Company	\$0.00	03/14/2008	

SERFF Tracking Number: NWCM-125545830 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: E-2008BDGD-7CML9U
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/20/2008	03/20/2008

SERFF Tracking Number: NWCM-125545830 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: E-2008BDGD-7CML9U
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Disposition

Disposition Date: 03/20/2008
Effective Date (New): 05/22/2008
Effective Date (Renewal): 06/09/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: NWCM-125545830 State: Arkansas

First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: E-2008BDGD-7CML9U

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners

Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Cap on Losses from Certified Acts of Terrorism	Approved	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Approved	Yes

SERFF Tracking Number: NWCM-125545830 State: Arkansas

First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: E-2008BDGD-7CML9U

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners

Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cap on Losses from Certified Acts of Terrorism	Cas 6234 (1-08)	1-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Cas 6234 6 06 Previous Filing #:		Cas 6234_1-08.pdf
Approved	Disclosure Pursuant to Terrorism Risk Insurance Act	IL 09 85 01 08	1 -08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL 09 85 1 06 Previous Filing #:		IL 0985_1-08.pdf

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS STANDARD PROPERTY COVERAGE FORM
BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM
BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESS PROVIDER STANDARD PROPERTY COVERAGE FORM
BUSINESS PROVIDER SPECIAL PROPERTY COVERAGE FORM
BUSINESS PROVIDER LIABILITY COVERAGE FORM

- A. The following provisions are added to the Businessowners and Business Provider Policies and apply to Property and Liability Coverages:

Cap On Certified Terrorism Losses

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in that Act for a "certified act of terrorism" include the following:

1. The act resulted in aggregate losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

- B. The following provision is added to Businessowners Standard Property Coverage Form, Businessowners Special Property Coverage Form, Business Provider Standard Property Coverage Form, or Business Provider Special Property Coverage form:

APPLICATION OF OTHER EXCLUSIONS

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Form or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$ 0

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s): Not applicable

Additional information, if any, concerning the terrorism premium: Not applicable

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

SERFF Tracking Number:	NWCM-125545830	State:	Arkansas
First Filing Company:	Nationwide Mutual Fire Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	E-2008BDGD-7CML9U		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	Businessowners		
Project Name/Number:	Businessowner Form Revision/E-2008BDGD-7CML9U		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NWCM-125545830 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: E-2008BDGD-7CML9U
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: Businessowner Form Revision/E-2008BDGD-7CML9U

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 03/20/2008
Comments:
Attachments:
F777AR_021307[1].pdf
F778AR_021307[1].pdf

Satisfied -Name: Filing Memorandum
Review Status: Approved 03/20/2008
Comments:
Attachment:
Legacy Forms Filing Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
Nationwide Insurance Companies	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Mutual Insurance Company	OH	140-23787	31-4177100	
Nationwide Mutual Fire Insurance Company	OH	140-23779	31-4177110	
Nationwide Property & Casualty Insurance Company	OH	140-37877	31-0970750	

5. Company Tracking Number	E-2008BDGD-7CML9U
-----------------------------------	--------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215	State Filing Specialist	(614) 249-9741	(614) 249-3922	safreem@nationwide.com
7.	Signature of authorized filer		<i>Marie T. Safreed</i>		
8.	Please print name of authorized filer		Marie Safreed		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	5.0 Commercial Multiple Line – Liability and Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	5.2 Businessowners
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Businessowners

13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05-22-08 Renewal: 6-9-08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	E-2008BDGD-7CML9U
--	-------------------

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

We are filing to adopt revised forms applicable for Businessowners policies. Please see the attached filing memorandum.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A submitted by EFT
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		E-2008BDGD-7CML9U		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Cap on Losses from Certified Acts of Terrorism	Cas 6234 (1-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Cas 6234 (6-06)	
02	Disclosure Pursuant to Terrorism Risk Insurance Act	IL 09 85 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 09 85 (1-06)	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

NATIONWIDE MUTUAL INSURANCE COMPANY
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

FILING MEMORANDUM

BUSINESSOWNERS AND BUSINESS PROVIDER FORMS FILING

The purpose of this filing is to comply with the Terrorism Risk Insurance Program Reauthorization Act of 2007 that was signed into law on December 26, 2007.

The following form changes are requested as part of this filing:

CAS 6234 – Cap on Losses from Certified Acts of Terrorism. We are replacing the 6/2006 edition of the form with the 1/2008 edition.

IL 0985 – Disclosure Pursuant to Terrorism Risk Insurance Act. We are replacing the 1/2006 edition of the form with the 1/2008 edition.

We are also deleting two forms:

CAS 6361 – Conditional Exclusion Of Terrorism (Relating To Disposition Of Federal Terrorism Risk Insurance Act).

CAS 6364 -- Limited Exclusion Of Acts Of Terrorism (Other Than Certified Acts Of Terrorism); Cap on Losses from Certified Acts of Terrorism; Coverage for Certain Fire Losses.

All forms derive language from ISO equivalents. There will be no impact to the premiums paid by insureds due to this form revision. We do not have a separate charge for terrorism coverage.

Attached, please find a copy of each revised form for your review and approval.

We request approval effective the date shown in the Transmitter Header Document.